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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator The Eastland Drilling Company		
Address 730 Petroleum Life Building, Midland, Texas 79701		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Sarkeys	Well No. 1	Pool Name, Including Formation Wantz (Abo)	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter N	467	Feet From The South Line and 2310	Feet From The West	
Line of Section 23	Township 21S	Range 37E	NMPM, Lea	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Shell Pipe Line Corporation	P. O. Box 1509, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Skelly Oil Company	P. O. Box 1135, New Mexico (Eunice)					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 23	Twp. 21S	Rge. 37E	Is gas actually connected? No	When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded August 9, 1967	Date Compl. Ready to Prod. September 7, 1967	Total Depth 7350'		P.B.T.D. 7318'					
Elevations (DF, RKB, RT, GR, etc.) 3403 DF	Name of Producing Formation Abo	Top Oil/Gas Pay 6806'		Tubing Depth 6743'					
Perforations 6806, 6835, 6847, 6870, 6884, 6955, 6964, 6975, 6999, 7011, 7019, 7069, 7087, 7089, 7150, 7249, 7278, 6913		Casing Shoe 7350'							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
15"	12 3/4		352		300 8x-27 CaCl				
11"	8 5/8		2952		250 8x-67 gel, 100x-27				
7 7/8"	4 1/2		7350		850 8x-107 gel, 200x-27				

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks Sept. 7, 1967	Date of Test Sept. 8, 1967	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hour	Tubing Pressure 150	Casing Pressure Packer	Choke Size 22/64
Actual Prod. During Test	Oil - Bbls. 139.6	Water - Bbls. 7.4	Gas - MCF 236

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

George D. Neal
(Signature)
Superintendent
(Title)
9-12-67
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.